

Serial No. 10/073,022

OKI.462

Amendment dated October 29, 2003

#8/Amold  
Ariel  
10/31/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Shinichi Kouzuma

Group Art Unit: 2819

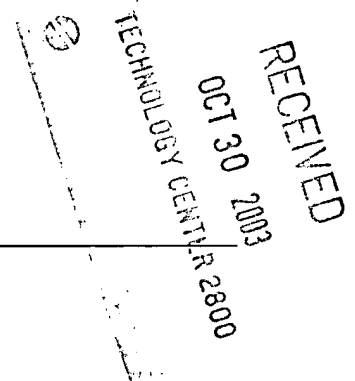
Serial No.: 10/073,022

Examiner: A. Tran

Filed: February 12, 2002

Confirm. No.: 3110

For: LEVEL SHIFT CIRCUIT



AMENDMENT

U.S. Patent and Trademark Office  
2011 South Clark Place  
Customer Window, **Mail Stop Non-Fee Amendment**  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, VA 22202

Date: October 29, 2003

Sir:

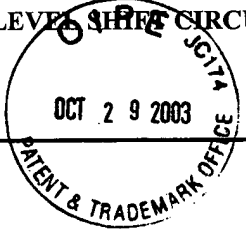
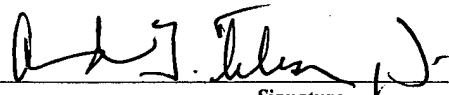
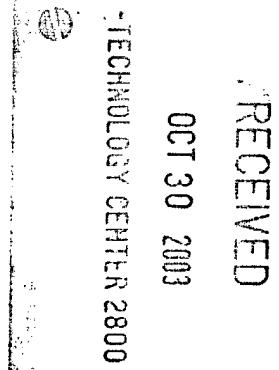
In response to the Office Action dated July 30, 2003, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

**Amendments to the Specification** begin on page 3 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 5 of this paper.

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OKI.462  
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**Remarks/Arguments** begin on page 8 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>OKI.462</b>	
Applicant(s): <b>Shinichi Kouzuma</b>					
Serial No. <b>10/073,022</b>	Filing Date <b>February 12, 2002</b>	Examiner <b>A. Tran</b>		Group Art Unit <b>2819</b>	
Invention: <b>LEVEL SHIFTER CIRCUIT</b>					
 <b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1 -	25 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0238</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>October 29, 2003</b>		
<b>ANDREW J. TELESZ, JR.</b> REG. NO. 33,581  <b>VOLENTINE FRANCOS, P.L.L.C.</b> 12200 SUNRISE VALLEY DRIVE, SUITE 150 RESTON, VA 20191  TEL. NO. (703) 715-0870					
cc:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			Signature of Person Mailing Correspondence		
			Typed or Printed Name of Person Mailing Correspondence		